



Please place a plus sign (+) inside this box → +

HDP/SB/21 based on PTO/SB/21 (08-00)

Handwritten initials and a dollar sign.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/593,448
	Filing Date	June 19, 2007
	Inventor(s)	Hagen SPIES et al.
	Group Art Unit	2624
	Examiner Name	Nancy Bitar
Attorney Docket Number		10400C-000098/US/NPB

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Notice of Appeal, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input checked="" type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	MAIL STOP AMENDMENT	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name John A. Castellano
Signature	Reg. No. 35,094	
Date	May 10, 2010	

889048.1

OPA/P FEE TRANSMITTAL MAY 10 2010 for FY 2009

Effective 2/1/2006. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 245

Complete if Known

Application Number	10/593,448
Filing Date	June 19, 2007
First Named Inventor	Hagen SPIES et al.
Examiner Name	Nancy Bitar
Art Unit	2624
Attorney Docket No.	10400C-000098/US/NPB

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order
☒ Deposit Account:Deposit
Account
Number

08-0750

Deposit
Account
Name

Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	330	2011	165	Utility filing fee	
1012	220	2012	110	Design filing fee	
1013	220	2013	110	Plant filing fee	
1014	330	2014	165	Reissue filing fee	
1005	220	2005	110	Provisional filing fee	

SUBTOTAL (1)

(\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	-20 ** = 0	X	= 0
Independent Claims	3	-3 ** = 0	X	= 0
Multiple Dependent				= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple dependent claim, if not paid
1204	220	2204	110	** Reissue independent claims over original patent
1205	52	2205	26	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	130	2251	65	Extension for reply within first month	
1252	490	2252	245	Extension for reply within second month	245
1253	1,110	2253	555	Extension for reply within third month	
1254	1,730	2254	865	Extension for reply within fourth month	
1255	2,350	2255	1,175	Extension for reply within fifth month	
1401	540	2401	270	Notice of Appeal	
1402	540	2402	270	Filing a brief in support of an appeal	
1403	1,080	2403	540	Request for oral hearing	
1452	540	2452	270	Petition to revive - unavoidable	
1453	1,620	2453	810	Petition to revive - unintentional	
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)	
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)	
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$245)

4. SEARCH/EXAMINATION FEES

1111	540	2111	270	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	330	2113	165	Plant Search Fee	
1114	540	2114	270	Reissue Search Fee	
1311	220	2311	110	Utility Examination Fee	
1312	140	2312	70	Design Examination Fee	
1313	170	2313	85	Plant Examination Fee	
1314	650	2314	325	Reissue Examination Fee	

SUBTOTAL (4) (\$0)

SUBMITTED BY

Name (Print/Type)		Registration No. (Attorney/Agent)	Telephone	Date
John A. Castellano		35,094	703-668-8000	May 10, 2010
Signature				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.